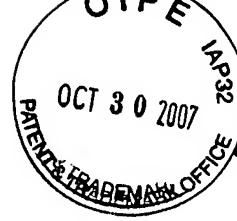


**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

08/28/2007 -

Platon N. Mandros  
BURNS, DOANE, SWECKER & MATHIS, L.L.P.  
P.O. Box 1404  
Alexandria, VA 22313-1404

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.   | CONFIRMATION NO.                |
|-----------------|-------------|----------------------|-----------------------|---------------------------------|
| 10/014,351      | 12/14/2001  | Masashi Mori         | 10/31/2007 032404-018 | 1122 RWD/RM/C 00000079 10014351 |

TITLE OF INVENTION: PORTABLE IMAGE RECORDING APPARATUS

01 FC:1501 1440.00 OP  
02 FC:1504 300.00 OP  
03 FC:8001 6.00 OP

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE  | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1,440-\$400- | \$300               | \$0                  | \$1700-          | 11/28/2007 |
|                |              |                |                     |                      | \$1,740          |            |

EXAMINER ART UNIT CLASS-SUBCLASS

CHEVALIER, ROBERT 2621 386-109000

|  |   |                                   |
|--|---|-----------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | BUCHANAN INGERSOLL<br>& ROONEY PC |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  | 1   |                                   |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2   |                                   |
|  | 3   |                                   |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MITSUBISHI DENKI KABUSHIKI KAISHA

CHIYODA-KU, TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
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- A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature James A. LaBarre

Date October 30, 2007

Typed or printed name James A. LaBarre

Registration No. 28,632

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